



Paulding County Master Gardener Extension Volunteers Local Scholarship

Paulding County Cooperative Extension
530 West Memorial Drive
Dallas, Georgia 30132

1. The total amount to be awarded will be administered by a scholarship committee. The award will be issued in accordance to the rules set forth in the Paulding County Master Gardener Extension Volunteer Scholarship Guidelines and this application.
2. It is the responsibility of the recipient to furnish any needed information (acceptance letters, proof of enrollment, for example) required for disbursements of scholarship funds. The recipient should allow 4 weeks for processing and be aware of all local scholarship deadlines.
3. The recipient is expected to remain a student in good standing at the post-secondary institution. The Paulding County Master Gardener Extension Volunteers should be notified by the student immediately upon a status change. Grade reports or other data may be requested and must be submitted upon request. Failure to remain a student in good standing may endanger the receipt of the funds for the remaining balance.
4. In the event a student is unable to complete a quarter/semester at the post-secondary institution and must withdraw from school, written notification must be made to the Paulding County Cooperative Extension office. Reasons for withdrawal must be clearly stated, as well as intentions for the future. The local scholarship committee reserves the right to request restitution of monies expended for the quarter/semester of withdrawal from the post-secondary institution.
5. If the recipient fails to correspond with or contact the committee for 2 consecutive terms, he/she will be considered withdrawn from the school and will forfeit all monies left in the scholarship.
6. Local scholarship monies should be used within 1 year (by June 1, 2017). Unused scholarship funds will be returned to the local scholarship fund.

I have read the above rules and regulations governing the acceptance of the scholarship, and I agree to abide by them if chosen to receive a scholarship.

Recipient's Signature

Date



PAULDING COUNTY

PAULDING COUNTY MASTER GARDENER EXTENSION VOLUNTEERS

Local Scholarship Program

1. Full Legal Name: _____

2. Address: _____ Phone # _____

3. Date of Birth: _____ Student ID # _____

4. Where do you plan to attend college? _____

5. What is your intended college major? _____

6. When do you plan to begin college? _____

7. What course of study have you pursued in high school? CP _____ TC _____ Dual _____

8. List the names and occupations of at least 3 people whom you will be using as references for the local scholarship. Tell how long you have known them. (Print 3 copies of the reference form and have these people complete them, seal them in an envelope with their signature across the seal and return them to you to be submitted as part of a completed application package.)

9. Please list high school you attend(ed): _____
If you attended any other high schools, please list each one.

10. List any clubs or organizations to which you belong. Give any office that you may have held.

11. List any awards or honors you may have won.

12. List any community or church organizations to which you belong. Give evidence of your level of responsibility. _____

14. Have you received other scholarships? If so please list.

15. Have you applied for other scholarships? Please list them.

16. Why are you applying for the local scholarship (if you have financial need, please explain)?

17. Suppose there is only one scholarship that is available. You and one other equally qualified candidate are the finalists being considered. Why should you be the student chosen to receive the scholarship?

For Completion by High School Counselor Only (******If you are not currently enrolled at a High School, please submit your most recent transcript -High School or College).**

:

GPA_____

Class Rank_____ out of _____

Signature of High School Counselor _____

Printed Name of HS Counselor _____

Date Completed: _____

Deadline for returning all forms: 5 PM, Friday April 1, 2016

Please return this form to: Paulding County Master Gardener Extension Volunteers

Attention: Scholarship Committee

530 West Memorial Drive

Dallas, Georgia 30132

PAULDING COUNTY MASTER GARDENER EXTENSION VOLUNTEER

Scholarship Reference Form- Print 3 copies of this reference form and have the references listed on your application complete it, seal it in an envelope with their signature across the seal and return it to you to be submitted as part of a completed application package.

Name of Applicant: _____

Name of Reference: _____

Occupation of Reference: _____

How long have you known the applicant? _____

In what capacity? _____

If appropriate, please rate the applicant on the following characteristics.

| | Below Average | Average | Above Average | Exceptional |
|-----------------------------|----------------------|----------------|----------------------|--------------------|
| Analytical Skills | _____ | _____ | _____ | _____ |
| Classroom Discussion | _____ | _____ | _____ | _____ |
| Creative Thinking | _____ | _____ | _____ | _____ |
| Growth Potential | _____ | _____ | _____ | _____ |
| Initiative | _____ | _____ | _____ | _____ |
| Intellectual Skills | _____ | _____ | _____ | _____ |
| Written Expression | _____ | _____ | _____ | _____ |
| Integrity | _____ | _____ | _____ | _____ |
| Personal Appearance | _____ | _____ | _____ | _____ |
| Dependability | _____ | _____ | _____ | _____ |
| Character | _____ | _____ | _____ | _____ |

TELL US IN YOUR OWN WORDS ABOUT THE SCHOLARSHIP CANDIDATE

YOU MAY ATTACH A LETTER OR ADDITIONAL PAGE IF YOU WISH